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| | Name | Registration Number | Name | Registration Number | | |
| | Geoff Sutcliffe | 36,348 | | | | |
| | Umesh Desai | 36,380 | | | | |
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| and must identify the application in which this Power of Attorney is to be nied. | | | | | | |
|---|-------------|------------------|--|--|--|--|
| SIGNATURE of Assignee of Record | | | | | | |
| The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | |
| Signature | | Date 3 - 27 - 09 | | | | |
| Name | Umesh Desai | Telephone | | | | |
| Title | | | | | | |

1. This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or return a benefit by the uBSFTO is processed an application. Considerability is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is understanded to also if where the completed application from the fell STFTO. Time will very depending upon the sufficient seek and the completed application from the fell STFTO. Time will very depending upon the sufficient seek. Any comments on this amount of time you require to complete this form and/or suggestions for reducing this burdon, should be seek in the Charl Information Office.

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